## IMPORTANT INFORMATION ON FILING IN FORMA PAUPERIS

Notice: December, 1996

On April 26, 1996, President Clinton signed into law the Prisoner Litigation Reform Act which significantly affects proceedings In Forma Pauperis.

You must submit to the court a completed Prisoner's <u>In Forma Pauperis</u> Application if you are unable to pay the entire filing fee at the time you file your complaint or petition. Your application must include a signed authorization permitting the institution to release the requested information and any future payments to the Court.

Even if you are granted leave to proceed in forma pauperis, you must still pay the full amount of the court's filing fee, but the fee will be paid in several installments. The filina fee is \$5.00 for a habeas petition and, \$150.00 for all other civil actions.

You must pay an initial partial filing fee of 20 percent of the greater of (a) the average monthly deposits to your account for the 6 month period immediately before the complaint was filed, or (b) the average monthly balance in your account for the 6 month period immediately before the complaint was filed.

After the initial partial filing fee is paid, your prison's trust account office will forward to the court each month, 20 percent of the most recent month's income to your prison trust account, to the extent the account balance exceeds ten dollars (\$10.00). Monthly payments will be required until the full filing fee is paid. If you have no funds in your account over \$10.00 you will not be required to pay part of the filing fee that month.

## \*\*\* WARNING \*\*\*

You are liable for the full filing fee (\$5.00 for a habeas petition and \$150.00 for civil rights and other civil actions) regardless of the outcome of the court's initial review of your complaint. For example, even if the complaint is dismissed as frivolous, or for any other reason, the court will continue to collect 20 percent of your trust account income monthly until the entire filing fee is paid. However, if you do not submit this application (including a certificate of funds and a copy of the trust account statement) the action will be dismissed without prejudice and the filing fee will not be collected.

Please make your check or money order payable to Clerk, U.S. District Court.

	Kir	ndly	list	all d	lefendant	s to	this	law	/suit	ar	nd th	ne a	addr	ess	at	which	each	may	be
served	. If	you	do	not	provide	an	addr	ess	for	а	defe	nda	nt,	that	de	efendar	nt wil	I <u>not</u>	be
served																			

Defendant	No.	1 .	
Defendant	No.	2	
Defendant	No.	3	
Defendant	No.	4	
Defendant	No.	5	

Please attach additional 8  $1/2 \times 11$  paper if necessary.

## FORM TO BE USED BY A PRISONER FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORKX	
Full name of plaintiff/prisoner ID#	
Plaintiff,	TRIAL BY JURY DEMAND YES NO
-against- 	
Enter full names of all defendants	
Defendants.	
I. Previous Lawsuits:	
A. Have you begun other lawsu dealing with the same facts otherwise relating to your i	involved in this action or
B. If your answer to A is yes, des below (If there is more than one lawsuit, of piece of paper, using the same outline.)	-
1 . Parties to this previous law	wsuit:
Plaintiffs:	
Defendants:	
2. Court (if federal court, nan if state court, na	•
3. Docket Number:	
4. Name of Judge to whom	case was assigned:

	5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
	6. Approximate date of filing lawsuit:
	7. Approximate date of disposition:
	Present Confinement: there a prisoner grievance procedure in this institution? Yes ( ) No ()
B. Di	d you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ( ) No ( )
C. If	you answer is YES;
	1. What steps did you take?
	2. What was the result?
D. If	you answer is NO, explain why not
E. If t	there is no prison grievance procedure in the institution, did you complaint to prison authorities? Yes ( ) No ( )
F. If	you answer is YES,
	1. What steps did you take?
	2. What was the result?
III. Parties	
=	(In item A below, place your name in the first blank and place our ent address in the second blank. Do the same for additional tiffs, if any.)
Α.	Name of plaintiff
	Address

(In item B below, place the full name of the defendants in the first bland, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

	В.	Defendant	is employed as
	C.	Additional Defend	ants
	٠.	Additional Bolona	
IV. Sta	aten	nent of Claim	
		(State he	ere, as briefly as possible, the <u>facts</u> of your
		case. Describe	how each defendant is involved. Include
		also, the name	es of other persons involved, dates and
		places. Do not	give any legal arguments or cite any cases
		-	f you intend to allege a number of related
			r and set forth each claim in a separate
			se as much space as you need. Attach
			x 1 1 sheets, if necessary.)
		additional 0 1/2	X 1 1 Shotts, ii hoocssury.

٧.	Relief				
			nat you want the cou guments. Cite no ca		
un	der penal		is true and correct.	, 19   I	declare
			Signature of Plain	tiff	
			Plaintiff's Date of	Birth	
			Social Security No	umber	